**Bureau of Managed Care**

**Managed Care Organizations**

**Policy / Procedures**


<u>**General Contract Monitoring**</u>

**Patient Credit File/Patient Liability**


<u>Patient Credit File – General Health Plan Overview and Instructions</u>

1. HFS notifies the health plans of any applicable patient liability amounts for Long-Term Care (LTC) and supportive living members via the patient credit file (PCF).

2. Health plans currently receive one (1) separate PCF for each program in which they participate.

3. This file runs on a weekly basis; this was updated (formerly provided to the health plans on a monthly basis) effective May 2019. Health plans can pick the PCF up on Mondays.

4. The PCF holds thirty-six (36) months of patient credit information for a resident. Effective May 2019, HFS shows enrollees on the PCF who have disenrolled from a health plan and then subsequently had a patient credit adjustment. Retroactive changes to the patient credit going back thirty-six (36) months are provided on the file even when the MCO coverage has termed and the member has moved to another plan.

5. Effective May 2019, individuals granted Provisional Eligibility will be identified in Column 100 with a value of 'P.' LTC providers with residents listed as Provisionally Eligible must have claims adjudicated by health plans in ten (10) days.

6. The PCF layout contains the Level of Care Segment, which includes the begin and end dates if a member is approved for ventilator care (identified as Category of Service 38).

7. The health plan assigns collection of the patient credit amount to the nursing facility. The health plan pays the nursing facility/supportive living facility the net of the appropriate rate due the facility less the applicable patient credit amount.

8. The health plan determines nursing home enrollment based on the 834 enrollment file. The PCF is <u>not</u> used as a determination for enrollment and is only used as a way to determine patient credit amount.

9. Patient credit amounts are subject to change depending on the income reported. Patient credit amounts can be applied retroactively depending on when the income was received by the client, when the receipt of the income was reported to the DHS caseworker, or when the DHS caseworker completes the budgeting component and enters the updated patient credit information into the long-term care system.

MEDI vs. Patient Credit File

1. The Medical Electronic Data Interchange (MEDI) Authorization System is a tool available to health plans and providers where they can identify eligibility information for Medicaid clients.

2. LTC providers have additional rights in MEDI, where they are granted permission to certain LTC information only for their residents in a real time environment. The additional information LTC providers view does not assist MCOs in determining patient credit.

3. HFS does not alter the information health plans receive on the patient credit file. It may be a different format, but it is the same information LTC providers can view in MEDI.

4. LTC providers can <u>only</u> view the residents in their facility.

Using MEDI Screenshots as Proof of Patient Liability/Patient Liability Adjustments

1. MEDI is real time access to HFS LTC system data. Patient credit amounts can be updated on a daily basis, identified in MEDI.

2. ~~When a provider tells the health plan there has been a credit change for a resident – and the health plan cannot identify this change on the PCF – the health plan can ask the LTC provider to provide a screenshot of the revised patient credit amount from MEDI.~~

3. ~~MEDI screenshot examples can be provided in instances when:~~

   a. ~~The member is no longer enrolled with the health plan.~~

   b. ~~The member is enrolled with the health plan, but the plan cannot locate the information on the PCF.~~

4. ~~Health plans can accept this screenshot as proof of the change while paying attention to the date of the MEDI screenshot. The date can be found in the bottom right-hand corner. Health plans should make sure the screenshot is dated *after* the plan's most recent PCF, but also dated *within the last few days* to ensure providers are sending the most current information in the system.~~

   This section on MEDI screenshots is being eliminated, effective 12/1/19.  Due to the improvements made on the Patient Credit File and the success rate of the health plans processing the Patient Credit File,  MEDI screenshot prints are no longer necessary to produce for the two reasons originally provided.

**Policy History**

**General Contract Monitoring**

**Patient Credit File/Patient Liability**

| **Date** | **Action** | **Policy Originator** |
|---|---|---|
| June 2018 | Contract Clarification | Lauren Tomko |

| **Policy Revisions** | **Revision Approved** |
|---|---|
| June 2019 - Updates | Lauren Tomko |
| December 2019 – MEDI screenshot updates | Lauren Tomko |